DHS/Mental Retardation/Developmental Disabilities Administration

Transmittal Letter No.

Location: **Distribution:**

SUBJECT: Adaptive Equipment: Acquisition, Replacement, Modification, and Repair

Date: September 14, 2001 Effective Date: Oct. 1, 2001

The attached policy issuance sets forth the guidelines and procedures for Adaptive Equipment: Acquisition, Replacement, Modification, and Repair involving DHS/MRDDA customers. This policy is intended for use by employees of the Department of Human Services/Mental Retardation and Developmental Disabilities Administration and subcontractors of DHS/MRDDA associated with its network of care-giving organizations and service organizations. Sections of this policy will also apply to DOH Department of Health/Medical Assistance Administration .

This policy is to set guidelines for proper and timely acquisition, replacement, modification, and repair of Adaptive Equipment. Timely acquisition and repair is defined, as occurring within sixty (60) days from the date the need is determined. Adaptive Equipment is defined in this policy as including durable medical equipment (DME) and assistive technology devices.

Revisions:

Amendments:

Bruce C. Blaney 7/20/01
Bruce C. Blaney Date
DHS/MRDDA Administrator

Carolyn W. Colvin 10/5/01
Carolyn W. Colvin Date
DHS Director

POLICY AND PROCEDURE

Transmittal Letter No. Supersedes: Manual Location:

SUBJECT: ADAPTIVE EQUIPMENT: ACQUISITION, REPLACEMENT, MODIFICATION, AND REPAIR

CHAPTER: NUMBER: EFFECTIVE DATE: October 1, 2001

I. PURPOSE

The purpose of this policy is to set guidelines for proper and timely acquisition, replacement, modification, and repair of Adaptive Equipment. Timely acquisition and repair is defined, as occurring within sixty (60) days from the date the need is determined. Adaptive Equipment is defined in this policy as including durable medical equipment (DME) and assistive technology devices.

II. APPLICABILITY

This policy applies to the Mental Retardation and Developmental Disabilities Administration (MRDDA) and individuals and provider organizations that receive District or Federal funds to serve MRDDA consumers and who are responsible for the acquisition, repair or replacement of adaptive equipment.

III. AUTHORITY

The authority of this policy is established in D.C. Code §7-1301 et. seq.; *Evans v. the District of Columbia*, June 14, 1978; and *Evans v. Williams*, 35 F. Supp. 2d 88, 97 [D.D.C, February 10, 1999].

IV. DEFINITIONS

Assistive Technology Devices include but are not limited to, the following:

1. Augmentative Communication Devices
2. Sound Amplifiers
3. TTY Devices
4. Braille Devices
5. Learning Toys
6. Talking Calculators
7. Computer Software
8. Other Customized or Modified Barrier Reducing Equipment

Caregiver: For the purpose of this policy, is broadly defined as an individual or provider organization having responsibility for the care and support of a consumer of MRDDA. This includes, but is not limited to, a family member or guardian; provider staff person; health care professional; member of the consumer's natural support network; or MRDDA. The professional that has primary responsibility for managing the process to obtain, replace, modify, or repair adaptive equipment is the Qualified Mental Retardation Professional (QMRP) for persons residing in ICF/MRs, or the Case Manager for all other persons.

Durable Medical Equipment includes but is not limited to, the following:

1. Wheelchairs
2. Hospital Beds
3. Bath/Toilet Aids and Commodes
4. Canes
5. Walkers
6. Crutches
7. Other Equipment that is Medical or Remedial in Nature

V. POLICY

1. Provider Responsibility for Internal Policies

All provider organizations that receive Federal or District funds to provide services for MRDDA's consumers shall have policies and procedures pertaining to the acquisition, modification, repair, or replacement of adaptive equipment. The purpose of the policies and procedures is to promote early identification of the need for, modify, or repair of adaptive equipment, and to obtain such equipment or repairs expeditiously. Further, the principle underlying any policy or procedure is the goal of continuously assessing a person's needs, recognizing that needs may change due to, but not limited to, changes in physical status, skills, health conditions, or other developmental issues. Such policies and procedures shall be consistent with the requirements stated herein and shall be submitted to the Clinical Services Division for review and approval.

2. Determination of Need

a. The need for the acquisition of adaptive equipment and the repair/replacement and modification of such is usually determined by the specific health care professional's assessment for a given specialty (e.g. Physical Therapy, Orthopedics, and Dentistry) upon identification of the need by a caretaker or other individual. While the Consumer's Individualized Support Plan (ISP) shall routinely address whether there is a need for the acquisition modification or replacement of

adaptive equipment, the need identification process shall be ongoing and responsive to the person as his or her needs change. The health care professional is responsible for the provision of the description/specification of the equipment. If the consumer has Medicaid/Medicare, a physician must complete a Medical Necessity Form (Form 719A).

b. The need for repair/replacement or modification may be identified by the consumer or a caregiver, staff person, health care professional, or any person recognizing a malfunctioning device or the consumer's failure to demonstrate a benefit from the usage of a device. The individual suspecting a problem with the adaptive equipment must notify the caretaker responsible for the consumer.

c. The caregiver must notify the QMRP, for persons residing in ICFs, or the assigned case manager for all other MRDDA consumers, and make an appointment with the health care professional or other specialist, where appropriate.

d. Appointments for assessments by the health care professional or other specialists shall occur as soon as possible, but no later than thirty (30) days from the date the need is determined. The health care professional will determine what must be done, complete Form 719 A for necessary replacement modifications or repairs, and provide recommendations for training on the use and maintenance of equipment.

e. The need for repair/replacement may be based on projections of the life expectancy and usage of the device; age of the consumer; condition for which the device was prescribed (physical condition changes); damage or poor maintenance; misplacement or theft; improvements in the design and function of the product; modifications necessary to address changes in the person's needs; or other similar considerations.

f. The following documentation must be maintained in a consumer's file: physician's order; assessments and/or evaluations by the therapist; recommendation from the ISP process; and records of maintenance and usage of the equipment. Documentation of any training needs (initial and refresher training) for the use and maintenance of the adaptive equipment, the person or persons responsible to ensure that the training was completed, and the dates of training must also be included in the consumer's file.

3. **Approval to Acquire, Modify, Repair or Replace Adaptive Equipment**

   a. Private insurance companies, Medicaid, or Medicare will make determinations of approval based on their policies and guidelines on the need to acquire, repair, or replace adaptive equipment.

   b. MRDDA will make determinations of approval for adaptive equipment purchases or repairs funded by the District, using the criteria established by the Medical Assistance Administration for acquiring, repairing, or replacing adaptive equipment.

4. **Acquisition Process**

   The process to be followed for the acquisition of adaptive equipment depends on where the consumer resides, as noted below:

   a. **ICF/MR Consumers.** If the consumer resides in an ICF/MR, the Qualified Mental Retardation Professional (QMRP) has the primary responsibility for reporting the status of the acquisition of adaptive equipment to MRDDA. MRDDA will monitor the status of the acquisition and provide technical and referral assistance, if needed, to facilitate the timely receipt of the equipment. The QMRP will follow the policy and procedure established by his or her organization for the acquisition of adaptive equipment.
      1) When purchasing adaptive equipment for the consumer with District funds, the District will own the equipment and the equipment must be returned to the MRDDA, in the event that the consumer no longer needs it.
      2) In the event that adaptive equipment is to be purchased using the consumer's funds, the need must be listed in the ISP and the funds for the purchase must be identified in the IFP.
      3) *Evans* class members shall not be required to pay for equipment with personal funds.

   b. **Non-ICF/MR Consumers.** MRDDA has the primary responsibility for the acquisition of adaptive equipment for non-ICF/MR consumers. MRDDA will develop contractual agreements with providers for adaptive equipment (including performance expectations); provide technical and referral assistance to the consumer or primary caretaker, monitor the status of the acquisition and will coordinate, if needed, any loaner/rental equipment. MRDDA will follow the procedures attached to this policy for the acquisition of adaptive equipment.

c. When purchasing adaptive equipment for the consumer with District funds, the District will own the equipment and the equipment must be returned to the MRDDA, in the event the consumer no longer needs it.

d. In the event that adaptive equipment is to be purchased using the consumer's funds, the need must be listed in the ISP and the funds for the purchase must be identified in the IFP.

e. *Evans* class members shall not be required to pay for equipment with personal funds.

5. Replacement, Modifications, and Repairs

a. **ICF/MR Consumers.** If the consumer resides in an ICFMR, the Qualified Mental Retardation Professional (QMRP) has the primary responsibility for facilitating the timely repair, modification, or replacement of equipment and for notifying MRDDA. MRDDA will monitor and track the status of the repair or replacement. The QMRP will follow the procedures established by his or her organization for repair and replacement of equipment.

b. **Non-ICF/MR Consumers.** MRDDA has the primary responsibility for facilitating the timely repair, or replacement of adaptive equipment for non-ICF/MR consumers. MRDDA will complete required forms for authorization of the repair, modification or replacement; develop and execute contractual agreements with providers for adaptive equipment (including performance expectations); provide technical and referral assistance to the consumer or primary caregiver; coordinate, if needed, any loaner/rental equipment; and monitor the status of the repair or replacement. MRDDA will follow the procedures attached to this policy for the repair, modification, and replacement of adaptive equipment.

c. **Repairs and Replacements due to Misuse or Mishandling by Provider Staff.** In the event that equipment is broken or mishandled by provider staff due to lack of training on its use, or other reasons, the provider shall be responsible for replacement or repair of the broken equipment.

d. **Interim Arrangements.** When expedited or temporary replacement or modification of adaptive equipment is necessary to ensure the health and safety of a person, or to address the person's basic support or service needs, the QMRP for ICF/MR consumers, or MRDDA for non-ICF/MR consumers, will be responsible to make interim arrangements.

6. Timeliness

a. Acquisition, repair, modification, or replacement of adaptive equipment shall occur within sixty (60) days of the date from when the need was determined. While there are circumstances beyond the control of the provider and/or MRDDA that impact compliance with this timeline, such as delay in insurance approvals, every effort shall be made to meet or exceed this timeline, and to follow-up with the party responsible for the delay.

b. If the assessment appointment with a health care professional or other specialist does not occur within thirty (30) days of the date the person's need was identified, the QMRP or Case Manager shall provide written notice to the Clinical Services Division. The notice shall document the reasons for the delay and the date of the scheduled appointment with the health care professional or other specialist.

c. If acquisition, repair modification, or replacement of adaptive equipment does not occur within sixty (60) days, the QMRP or Case Manager shall provide written notice to the Clinical Services Division documenting the reasons for the delay and identifying the interim plan to address the person's needs.

d. At any time during the process, the QMRP or the Case Manager may report delays or other concerns related to the acquisition, repair, modification, or replacement of adaptive equipment to the Clinical Services Division and seek technical assistance. Also, the person, or any caregiver, may contact the Clinical Services Division to report concerns or delays and to seek technical assistance in resolving the concern or delay.

e. If the acquisition, repair, modification, or replacement does not occur within sixty (60) days, the QMRP or the Case Manager shall provide written notice to the Clinical Services Division weekly. The written notice shall include the reasons for the delay and strategies to obtain resolution.

f. The QMRP or the Case Manager shall provide written notice to the Clinical Services Division on the final status of the acquisition, repair, modification, and replacement of adaptive equipment. The notice shall include the date when the need was identified; when the assessment by the health care professional or other specialist occurred, and when the equipment was acquired, repaired, modified, or replaced.

g. The Clinical Services Division will track delays in the above processes and provide technical assistance to QMRPs and Case Managers on resolution of the delay. The Clinical Services Division will identify trends in causes of

delay and work with appropriate parties to resolve case manager, provider-specific, and/or systemic issues.

7. Methods of Payment

Purchase, replacement, repair, and modification of adaptive equipment may be paid for by the consumer's personal funds; through private health insurance; or Medicare/Medicaid; or the government may purchase or service the equipment through contractual agreements or purchase orders with vendors, or through a combination of these payment arrangements.

a. Personal Funds: The decision to use personal funds must be recommended in the ISP and the funds must be identified in the Individual Financial Plan (IFP). The decision to use personal funds may be based on the consumer's ability to pay and the cost of the needed equipment. ***Evans* class members shall not be required to pay for equipment with personal funds.**

b. Private Health Insurance: Claims will be submitted to private health insurance companies based on the coverage and conditions identified in the policies for those having such insurance. Deductibles may be covered through consumer funds in accordance with his or her IFP or through a combination of District funds and personal funds or through District funds for cases where it is documented that there is no other resource for payment.

c. Medicare/Medicaid: Consumers, who have Medicare and/or Medicaid, may submit requisite paperwork to obtain equipment through insurance. Consumers with Medicare only may file claims for adaptive equipment with prior approval by Medicare. Medicare may not pay the entire amount of the cost. The consumer is responsible for the balance. The District will pay the balance for *Evans* class members if the consumer does not also have Medicaid coverage. If the consumer has Medicaid, Medicaid will pay for the equipment provided that prior approval is given. If the consumer has both Medicare and Medicaid, Medicaid may pay a portion not covered by Medicare. The claim must be submitted to Medicare first.

d. Government Contracts/ Purchase Orders: The government will establish contracts or purchase orders, or human care agreements to acquire, modify, replace, or repair adaptive equipment.

8. **Denial for Acquisition, Repair Modification or Replacement of Adaptive Equipment**

   Denials from private insurance companies, Medicaid or Medicare must be appealed through the appeal process for that entity. Denials by MRDDA for acquisition, repair, and replacement of equipment funded by District dollars, may be appealed through the grievance resolution process. (See the Grievance Resolution Policy). The consumer, consumer's family, or guardian shall have all the rights articulated in the Grievance Resolution policy for due process.

9. **Technical Assistance**

   MRDDA will identify resources that can provide technical assistance on the acquisition, repair, modification or replacement of adaptive equipment and will circulate a list of resources at least annually.

Government of the District of Columbia
Department of Human Services
Mental Retardation & Developmental
Disabilities Administration

Adaptive Equipment Implementation Plan

Submitted on
Thursday, September 6, 2001

For Internal use only.

Adaptive Equipment Policy Implementation Plan

1.0 Introduction

As part of the Mental Retardation & Development Disabilities Administration's (MRDDA) ongoing efforts to improve service delivery to its consumers, the organization has developed a new policy related to the acquisition and repair of Adaptive Equipment. This document outlines MRDDA's strategy and timeline for implementing the Adaptive Equipment policy.

Ultimate responsibility for the implementation of the Adaptive Equipment policy resides with the MRDDA Clinical Services Division (CSD). Other stakeholders whose participation will be required for this implementation include Case Managers, Providers, Qualified Mental Retardation Professionals (QMRP), the Medical Assistance Administration (MAA), and the Medical Community. In addition, the Training Division is responsible for developing and executing the training program(s) to ensure that the stakeholders are able to effectively and efficiently implement the policy. The Program Integrity Division is responsible for developing and evaluating the objectives, requirements, and performance measures necessary for achieving successful results. Additional resources may be needed from the Clinical Services Division, Waiver Unit, and Procurement to aid in implementation of the policy.

The policy applies to MRDDA and individuals and provider organizations that receive District or Federal funds to serve MRDDA customers and who are responsible for the acquisition, replacement, modification or repair of adaptive equipment. The anticipated effective date for this policy is September 7, 2001.

Policy Objectives

The purpose of the Adaptive Equipment policy is to set guidelines for proper and timely acquisition, replacement, modification and repair of Adaptive Equipment. Timely acquisition and repair is defined as occurring within sixty days from the date the need is determined. Adaptive Equipment is defined in this policy as including durable medical equipment (DME) and assistive technology devices.

Assistive Technology Devices includes, but is not limited to, the following: augmentative communication devices; sound amplifiers; TTY devices; braille devices; learning toys; talking calculators; computer software; and other customized or modified barrier reducing equipment. Durable Medical Equipment includes, but is not limited to, the following: wheelchairs; hospital beds; bath/toilet aids and commodes; canes; walkers; crutches; and other equipment that is medical or remedial in nature.

Policy Requirements

The charts below highlight the significant requirements of the policy[1] that need to be implemented. A complete reading of the Adaptive Equipment policy is necessary to understand the full impact of this policy implementation.

Chart 1.0 – Provider Responsibility for Internal Policies

Policy Section	Significant Requirements
§E.1 Provider Responsibility for Internal Policies	• Policies and procedures pertaining to acquisition, replacement, modification or repair of adaptive equipment. • Promote early identification of the need for, or repair of, adaptive equipment and to obtain such equipment or repairs expeditiously.

Chart 1.1 – Determination of Need

Policy Section	Significant Requirements
§E.2 Determination of Need	• Determined by the specific health care professional's assessment for a given specialty, e.g., Physical Therapy, Orthopedics and Dentistry, upon identification of the need by a caretaker or other individual. • The need identification process shall be ongoing and responsive to the person as his or her needs change. • If a consumer has Medicaid/Medicare, a physician must complete a Medical Necessity Form (Form 719A).
	• Need for repair/replacement may be identified by the consumer or a caretaker, staff person, health care professional or any person recognizing a malfunctioning device of the consumer's failure to demonstrate a benefit from the usage of a device.
	• The caretaker must notify the QMRP, for persons residing in ICFs, or the assigned case manager for all other MRDDA consumers, and make an appointment with the health care professional or other specialist, where appropriate.
	• Appointments for assessments by the health care professional or other specialists shall occur as soon as possible, but no later than thirty days from the date the need is determined. • The health care professional will determine what must be done, complete Form 719A for necessary replacement or repairs, and provide recommendations for training n the use and maintenance of equipment.

[1] MRDDA Adaptive Equipment Policy, Version 8, dated 7/5/01

	• Need for repair/replacement may be based on projections of the life expectancy and usage of the device; age of the consumer; condition for which the device was prescribed; damage or poor maintenance; misplacement or theft; improvements in the design and function of the product; and modifications to address changes in the person's needs.
	• Documentation must be maintained in a consumer files: physician's order; assessments and/or evaluations by the therapist; recommendation from the ISP process; and records of maintenance and usage of the equipment. • Documentation of any training needs (initial and refresher training) for the use and maintenance of the adaptive equipment, the person or persons responsible to ensure that the training was completed. • Dates of training must also be included in the consumer's files.

Chart 1.2 – Approval to Acquire, Modify, Repair or Replace Adaptive Equipment

Policy Section	Significant Requirements
§E.2 Approval to Acquire, Repair, Replace or Modify Adaptive Equipment	• Private insurance companies, Medicare or Medicaid will make determinations or approval based on their polices and guidelines.
	• MRDDA will make determination for purchases or repairs funded by the District using MAA criteria.

Chart 1.3 – Acquisition Process

Policy Section	Significant Requirements
§E.3 Acquisition Process	• **For ICF/MR Customers**: QMRP has the primary responsibility for reporting the status of the acquisition of the adaptive equipment to MRDDA. • MRDDA will monitor the status of the acquisition and provide technical and referral assistance if needed to facilitate the timely receipt of the equipment.
	• **For non-ICF/MR Customers**: MRDDA has primary responsibility for the acquisition. • MRDDA will develop contractual agreements with providers for adaptive equipment (including performance expectations); provide technical and referral assistance to consumer or primary caretaker; monitor the status of the acquisition; and coordinate any loaner/rental equipment.

	• Equipment purchased using District funds will be owned by the District and must be returned to MRDDA in the event the consumer no longer needs it.
	• Equipment purchased using consumer's funds must be listed in the ISP. Funds for the purchase must be identified in the IFP.
	• *Evans* class members shall not be required to pay for equipment with personal funds.

Chart 1.4 – Replacement & Repairs

Policy Section	Significant Requirements
§E.4 Replacement and Repairs	• **For ICF/MR Customers:** QMRP has the primary responsibility for facilitating the timely repair of replacement of equipment and notifying MRDDA. • MRDDA will monitor and track the status of the repair or replacement. The QMRP will follow the procedures established by his or her organization for repair and replacement of equipment.
	• **For non-ICF/MR Customers**: MRDDA has the primary responsibility for facilitating the timely repair or replacement. • MRDDA will complete required forms for authorization of the repair or replacement; develop and execute contractual agreements with providers for adaptive equipment (including performance expectations); provide technical and referral assistance to the consumer or primary caretaker; coordinate, if needed, any loaner/rental equipment; and monitor the status of the repair or replacement.
	• In the event the equipment is broken or mishandled by the provider due to lack of training on its use, or other reasons, the provider shall be responsible for replacement or repair of the broken equipment.
	• The QMRP for ICF/MR consumers or MRDDA for non-ICF/MR consumers will be responsible for making interim arrangements for expedited or temporary replacement of equipment.

Chart 1.5 – Timeliness

Policy Section	Significant Requirements
§E.5 Timeliness	• Acquisition, modification, repair, or replacement within 60 days of the date when need is determined.
	• If assessment appointment does not occur within thirty days, the QMRP or Case Manager shall provide written notice to the Clinical Services Division. • The notice shall document reasons for delay and the date of the scheduled appointment with the health care professional or other specialist.
	• If acquisition, modification, repair or replacement does not occur within sixty days, the QMRP or Case Manager shall provide written notice to the Clinical Services Division documenting the reasons for the delay and identify the interim plan to address the person's needs.
	• At any time during the process, the QMRP or the Case Manager may report delays or other concerns related to the acquisition, repair, replacement or modification of the adaptive equipment to the Clinical Services Division and seek technical assistance. • Also, the person, or any caretaker, may contact the Clinical Services Division to report concerns or delays and to seek technical assistance in resolving the concern or delay.
	• If acquisition, modification, repair or replacement does not occur within sixty days, the QMRP or Case Manager shall provide written notice to the Clinical Services Division weekly. • Written notice shall include reasons for the delay and strategies to obtain resolution.
	• The QMRP or Case Manager shall provide written notice to the Clinical Services Division on the final status of the acquisition, repair, replacement or modification of adaptive equipment. • The notice shall include the date when the need was identified; when the assessment b the health care professional or other specialist occurred; and when the equipment was acquired, repaired, replaced or modified.
	• The Clinical Services Division will track delays and provide technical assistance to the QMRPs and Case Managers on the resolution of the delay. • The Clinical Services Division will identify trends in causes of delay and work with appropriate parties to resolve case manager, provider-specific, and/or systemic issues.

Chart 1.6 – Methods of Payment

Policy Section	Significant Requirements
§6 Methods of Payment	• The decision to use personal funds must be recommended in the ISP and identified in the IFP. The decision may be based on the consumer's ability to pay and the cost of the needed equipment. • *Evans* class members shall not be required to pay for equipment with personal funds.
	• Claims will be submitted to private health insurance companies based on the coverage and conditions identified in the policies for those having such coverage. • Deductibles may be covered through consumer funds in accordance with his or her IFP or through a combination of District funds and personal funds or through District funds for cases where it is documented that there is no other resource for payment.
	• Medicare and/or Medicare consumers may submit requisite paperwork to obtain equipment through insurance. Consumers with Medicare only may file claims for adaptive equipment with prior approval by Medicare. Medicare may not pay the entire amount of the cost. Consumer is responsible for the balance. • The District will pay the balance for *Evans* class members if the consumer does not also have Medicaid coverage. If the consumer has Medicaid, Medicaid will pay for the equipment once prior approval is given. If the consumer has both Medicare and Medicaid, Medicaid may pay a portion not covered by Medicare. The claim must be submitted to Medicare first.
	• The Government will establish contracts, purchase orders or human care agreements to acquire, replace, repair or modify adaptive equipment.

Chart 1.7 – Denial

Policy Section	Significant Requirements
§7 Denial	• Denials from private insurance companies, Medicaid or Medicare must be appealed through the appeal process for that entity. • Denials by MRDDA for equipment funded by District dollars may be appealed through the grievance resolution process. • Consumer, consumer's family or guardian shall have the rights articulated in the Grievance Resolution policy.

Chart 1.8 – Technical Assistance

Policy Section	Significant Requirements
§8 Technical Assistance	• MRDDA will identify resources to provide technical assistance on the acquisition, repair or replacement of equipment and circulate a list of resources at least annually.

2.0 Implementation Activities

The Adaptive Equipment Implementation Plan includes three primary tasks:

- Phase 1: Communicate Policy
- Phase 2: Apply Policy
- Phase 3: Provide Quality Assurance

The specific subtasks within each task are outlined in the table below:

Adaptive Equipment Implementation Outline

Phase	Tasks	Start Date	Completion Date
Phase 1: Communicate Policy	***Communicate Policy***	**9/7/01**	**10/31/01**
	Task 1.1: Develop Internal Communications Strategy		
	Task 1.2: Develop External Communications Strategy		
	Task 1.3: Provide Provider & Approved Medical Vendors' Training		
	Task 1.4: Convene Provider and Vendor Forums		
Phase 2: Apply Policy	***Apply Policy***	**9/7/01**	**2/15/02**
	Task 2.1: Identify Consumers Requiring Adaptive Equipment	10/1/01	10/17/01
	Task 2.2: Provide Training	9/19/01	11/30/01
	Task 2.3: Provide Technical Assistance	10/15/01	1/31/02
	Task 2.4: Resolve Payment Approval Process Issues	9/7/01	2/15/02
Phase 3: Provide Quality Assurance	***Provide Quality Assurance***	**2/18/02**	**9/31/02**
	Task 3.1: Develop Performance Measures		
	Task 3.2: Measure Outcome		

Phase 1: Communicate Policy

The initial activities surrounding implementation of the Adaptive Equipment Policy involve ensuring that all relevant internal and external stakeholders have a clear understanding of the policy and its implications on their work activities. The purpose of these activities is to ensure that stakeholder expectations surrounding their roles and responsibilities are aligned with those of MRDDA management. The CSD will take the lead in ensuring that the policy is distributed, policy requirements are understood, and barriers to implementation are identified.

➢ *Task 1.1: Develop Internal Communications Strategy*

- *Communicate Policy*

The Adaptive Equipment policy will be disseminated to MRDDA Senior Management, Supervisors, and Case Managers to provide them with the opportunity to interpret their responsibilities and accountabilities and the impact on their current activities. The expected outcomes of the implementation should be clearly stated and communicated to the staff during the dissemination process. MRDDA will:

- Develop and execute a communications strategy within the organization regarding the dissemination and operation of the policy;
- Create a communications network utilizing various group discussion formats, training, and interactions with key management personnel.

➢ *Task 1.2: Develop External Communications Strategy*

The policy and its implications will need to be explained to other stakeholders, including vendors of adaptive equipment, and the provider and medical communities. These stakeholders will be given the opportunity to communicate their ability to implement the policy and the timeframe in which they can achieve full implementation of the policy. MRDDA will:

- Develop and execute a communications strategy to the provider and medical communities and other stakeholders regarding the dissemination and operation of the policy; and
- Create a communications network utilizing various group discussion formats, training, and interactions with key management personnel.

➢ ***Task 1.3: Provide Provider and Approved Medical Vendors' Training***

MRDDA will provide training to the provider and approved medical vendors regarding the goals, objectives, requirements and expected outcome for implementing the Adaptive Equipment policy. MRDDA will develop and provide to the provider and approved medical vendors any relevant documentation and written material needed to successfully implement the policy. Stakeholders who will receive training include service providers, approved medical vendors, consumers, and consumers families.

➢ ***Task 1.4: Convene Provider and Vendor Forums***

MRDDA will solicit feedback from the provider and approved medical vendors regarding the implementation of the Adaptive Equipment policy. An external communication plan, which includes customer and provider surveys, focus groups, forums, or seminars, will be developed by the CSD.

Phase 2: Apply Policy

MRDDA management will work with staff and other stakeholders to resolve application barriers that are identified through the Communication Process. MRDDA will phase in the procedures that are defined and documented for the Adaptive Equipment policy based upon the following Action Plan:

- ***Task 2.1: Identify Adaptive Equipment Needs of Current Consumers (Acquire, Modify, Repair, or Replace)***

Start Date: 10/1/01	Completion Date: 10/17/01

- Establish a process for identification of adaptive equipment need (acquisition, modify, repair, or replacement);
- Incorporate into existing database information on current customers with Adaptive Equipment needs;
- Develop record-keeping process to collect information and include it in customer records;
- Collect information on unmet, identified needs through review of ISPs;
- Survey Case Managers and QMRPs to determine needs of customers. Experts/specialists may be required to identify needs;
- Compare results of ISP review with survey to identify where needs have not been fulfilled within a reasonable time and prioritize those consumers; and
- Project future needs of the consumers based on the normal lifetime of equipment.

- ***Task 2.2: Provide Training***

Start Date: 9/19/01	Completion Date: 11/30/01

- Develop and execute a training plan to ensure that the MRDDA personnel, service providers, approved medical vendors, consumers and consumer families, and other key stakeholders are able to effectively and efficiently implement the Adaptive Equipment policy. Topics should

include how to identify needs, the various types of adaptive equipment and their uses, etc.;

- Train personnel on determining the needs for adaptive equipment, acquiring the equipment, replacing and repairing equipment, processing payment, appealing denials, and receiving technical assistance. Also, provide guidelines for physicians to complete Medicaid Form 719A; and

- Develop handbook/manual for vendors and staff. This handbook may incorporate existing materials, including Medicaid manuals and should include vendor selection criteria.

➢ ***Task 2.3: Provide Technical Assistance***

Start Date: 10/15/01	*Completion Date: 1/31/02*

- Identify resources that can provide technical assistance on the acquisition, modification, repair, or replacement of adaptive equipment. A list of these resources will be developed and circulated at least annually;

- Provide Vendors with technical assistance in following the process for acquisition, modification, repair, or replacement of adaptive equipment, especially for following Medicaid Procedures and for physicians to complete Form 719A; and

- Provide providers with technical assistance for developing in-house adaptive equipment procedures in compliance with these procedures.

➢ ***Task 2.4: Resolve Payment Approval Process Issues***

Start Date: 9/7/01	*Completion Date: 2/15/02*

- Work with MAA to streamline approval process for Medicare/Medicaid and implement process for ongoing communication between MAA and MRDDA related to adaptive equipment;

- For adaptive equipment being paid for by Medicare/Medicaid, work with physicians to ensure timely completion of Form 719A as part of the funding package;

- For adaptive equipment that is being purchased through District Funds, identify District Funds needed and/or available for the acquisition, modification, repair, or replacement of adaptive equipment for *Evans* Class members not covered by Medicare or Medicaid;

- For equipment that is paid through Private Insurance or Private Funds, revise consumers' Individual Financial Plans (IFPs);

- Complete funding package, submit funding package for approval, and follow-up with the funding source to ensure timely approval; and

- Document the following processes:

  - Adaptive Equipment acquisition process, including process for providing and communicating equipment specifications to vendors, process to support approval of payment to vendors, process and controls for systematic follow-up with vendors and to monitor acquisition process; and

  - Adaptive Equipment maintenance process, including process for ongoing review of equipment to identify need to repair or replace equipment and notification process.

Phase 3: Provide Quality Assurance

MRDDA's Program Integrity Division will develop goals, objectives, requirements, and measures of success that are necessary for establishing the expectations and direction for the implementation of this policy. MRDDA will develop and implement performance measure standards that are designed to produce successful and accurate results.

➢ ***Task 3.1: Develop Performance Measures***

▫ Identify the performance measures

- Identify performance measures in the three improvement areas: effectiveness, efficiency, and adaptability;
- Ensure that the performance measures are relevant, quantifiable, and documented; and
- Develop performance measures throughout the flow of a process, so that corrective actions can be applied while a process is being performed.

➢ ***Task 3.2: Measure Personal Outcomes***

▫ Develop Recommendations

Identify and prepare recommendations to improve the Adaptive Equipment Policy. The recommendations will:

- Outline improvements for strengthening the weaknesses of the current processes;
- Evaluate the risks inherent in keeping the current system and processes, modifying the current system, and/or the feasibility of adopting alternative solutions;
- Incorporate "best practices" from other organizations that are suitable for the MRDDA. Expected outcomes for the Adaptive Equipment policy implementation are outlined in the *Evans Plan* and include the following criteria:

  1) The assessment of the need for adaptive equipment is completed within 30 days of a request for the assessment; and

2) Acquisition, modification, repair, or replacement of adaptive equipment occurs within 60 days from the date of the need determination, except for reasonable delays.

- Implement process of vendor certification and quality assurance to ensure MRDDA's consumers receive the appropriate adaptive equipment; and

- Utilize MRDDA Customer Information System (MCIS) as a tool to conduct a comparative analysis to measure outcomes related to the acquisition of adaptive equipment.

Adaptive Equipment Policy Implementation Timeline

Phase	Tasks	Deliverable Description	Start Date	Completion Date
Phase 1: Communicate Policy	❑ Develop Internal Communications Strategy	Plan for communicating the implementation of the Adaptive Equipment Policy within MRDDA	**9/07/01**	**10/31/01**
	❑ Develop External Communications Strategy	Plan for communicating the implementation of the Adaptive Equipment Policy to consumers, consumers' families, approved medical vendors, providers, and other stakeholders	**9/07/01**	**10/31/01**
	❑ Provide Provider and Approved Medical Vendors' Training	Training to service providers, approved medical vendors, consumers, consumers families regarding the goals, objectives, requirements, and expected outcome for implementing the Adaptive Equipment policy	**9/07/01**	**10/31/01**
	❑ Convene Provider and Vendor Forums	Focus Group Meetings with vendors and service providers to discuss MRDDA Adaptive Equipment policy	**9/07/01**	**10/31/01**

Phase	Tasks	Description	Start Date	Completion Date
Phase 2: Apply Policy	▫ Identify Current Consumers' Adaptive Equipment Needs	Database to capture information on consumers needing Adaptive Equipment and to provide mechanism to track critical events related to the acquisition, repair, or replacement of equipment Initial Survey of MRDDA consumers to identify those with unmet needs	**10/01/01**	**10/17/01**
	▫ Provide Training	Training to staff, service providers, approved medical vendors, consumers, consumers families to more effectively identify, acquire, utilize and maintain Adaptive Equipment needs Manual to assist vendors and staff in the process for acquiring, identifying, utilizing and maintaining adaptive equipment, including process to be used for billing and payment, especially through Medicare and Medicaid	**9/19/01**	**11/31/01**
	▫ Provide Technical Assistance	Resources that can provide technical assistance on acquisition, modification, repair, or replacement of adaptive equipment Guidelines for providers to develop in-house adaptive equipment policies and procedures	**10/15/01**	**1/31/02**

Phase	Tasks	Description	Start Date	Completion Date
Phase 2: (continued)	❑ Resolve Funding Issues	Process for Medicare/Medicaid approval, including process for ongoing communication between MAA and MRDDA Revised IFPs for consumers paying for adaptive equipment through personal funds or private insurance For Medicaid/Medicare consumers, completed Form 719A from physicians included in funding packages prepared in compliance with Medicaid guidelines	**9/07/01**	**2/15/02**
Phase 3: Provide Quality Assurance	❑ Develop Performance Measures	Performance Measures to evaluate the effectiveness of the implementation and impact of service delivery changes	**2/28/02**	**9/31/02**
	❑ Measure Outcomes	Quality Assurance to improve the policy implementation process and Adaptive Equipment policy	**2/28/02**	**9/31/02**

Submitted
By